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"*NEC TENUI PENNA*."

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TO THE PERSON RECEIVING THIS COPY AS A SPECIMEN.

The NEWS enters its seventh year January 1, 1882. Its support is assured; its character as a live, accurate, and newsy medical journal well established. Your attention is solicited to the unusual excellence of its paper, type, and press-work. Items, reports of cases and of transactions of local societies will be gratefully received. Your subscription is invited.

## BENEFITS OF CEREBRAL LOCALIZATION.

Among the notable watchwords uttered at the late Medical Congress was one pronounced by Virchow, who, whether in the forum or at the lecturer's desk, never speaks in vain. Said he, "Localization is the principle of modern medicine." After the Congress, which so emphatically declared itself upon the side of experimental physiological research, had adjourned, a band of sentimentalists, who believe that it is better not to extend the limits of knowledge or to add to the resources of the physician than that a cat should suffer, arraigned Prof. Ferrier under the "anti-vivisection" act. The immediate result of the proceedings before the police-court was a dismissal of the summons; a remote result will probably be a closely-knit organization of the physicians and men of science, who have already expressed their sympathy with Prof. Ferrier under this vexatious suit, and who are determined to answer, publicly and privately, the challenge thrown down, until the work-a-day world shall fully appreciate the beneficent labors of the "vivisectors" of the brain.

VOL. XII.—No. 27

It is only a few years since these labors began, and today not a text-book upon the practice of medicine is considered complete without Ferrier's diagram of the cerebral convolutions showing the areas on the cortex which are considered the psycho-motor centers for particular groups of muscles. It has been definitely learned chiefly through his work in the laboratory that the parietal region of the cortex contains most of the motor centers grouped about the fissure of Rolando; that the centers for the special senses reside in well-marked regions on the temporal and inferior aspects; that the corpora quadregimina, besides their optic relations, are concerned, like the cerebellum, with the equilibrium of the body; that the cerebellum associates the ocular movements and coördinates the general muscular system in its proper balance. In brief, these are physiological doctrines confirmed by a prodigious collection of clinical and post-mortem evidence contributed to by Charcot and other eminent men in all parts of the world. Their importance to the physician becomes apparent from the following summary of the principles of diagnosis of paralysis due to destructive lesions of the cortex: "While we can not be quite certain of the position or extent of a sudden and complete hemiplegia, we may take a monoplegia of the leg, or of the arm and leg, as an indication of a lesion of the upper extremity of the ascending convolutions close to the longitudinal fissure; brachial monoplegia as a sign of a lesion in the upper part of the ascending frontal convolution, or, if the paralysis affect the hand more particularly, of the ascending parietal convolu-

tion; brachio-facial monoplegia as indicating a lesion of the mid-fronto-parietal region, while facial and lingual monoplegia, or this combined with aphasia, indicates a lesion of the lower part of the ascending frontal convolution where the third frontal joins it."

Attempts to utilize these researches by trephining have had variable results. The dangers of meningitis, encephalitis, and septicemia, once deemed formidable objections to trephining, have time and again proved to be under the control of antiseptic surgery rigorously applied.

Broca, Lucas-Championnière, and others have expressed their confidence in localization as a surgical aid, and give the surface-marks for striking the fissure of Rolando, the deep obliquely vertical groove about which the motor centers cluster. Symptoms of abscess or tumor, accompanied by paralysis or convulsion, pointing to particular convolutions in this neighborhood as the seat of irritation or pressure, may not hereafter be considered as hopeless as formerly.

In a recent number of the London *Lancet* Dr. Macewen reported a case of cerebral tumor the locality of which was determined by Ferrier's principles. The removal was accomplished with antiseptic precautions, and the patient recovered. He relates also a case of abscess of the cortex cerebri, the position of which he defined by the symptoms. The patient declined his offer to trephine during life, but after death he performed the operation proposed with complete vindication of his diagnosis and of Ferrier's method.

A man made aphasic by a blow upon the left side of his head came under the care of Dr. Hammond, of New York. A diagnosis was made of fracture of the internal table pressing upon the center of language in the posterior part of the third frontal convolution. Dr. Sayre trephined at the spot indicated and removed a splinter of bone, and when the patient recovered consciousness his speech was perfect.

In the *British Medical Journal*, November 19th, may be found recounted the history of similar cases. One was that of a child, two

and a half years old, who had a fall on the left side of the head, was seized a week later with vomiting, pain in the head, right hemiplegia, ptosis, and strabismus, then afterward with left facial paralysis and loss of consciousness. According to Ferrier, a certain spot was trephined, a piece of depressed bone removed, giving exit to a quantity of pus, consciousness and motor power of paralyzed limbs returned, and the child eventually recovered.

Another child, seven years of age, was struck by a poker without abrasion. A year after a fit occurred and returned daily for seven years, occasionally there were twenty or thirty a day. Dr. Ferrier found tenderness in the right parietal region, loss of power in the left hand, and indistinct articulation of speech. The child was trephined at the point indicated by Dr. Ferrier. For eight weeks there were no fits, and though they returned at long intervals their severity was much diminished.

Cases of traumatic epilepsy to the number of one hundred and sixty-five have been collected by Echeverría; of these sixty-four per cent were cured by trephining at the site to which cerebral localization pointed.

The *British Medical Journal* quotes from the *Glasgow Medical Journal* a case of right hemiplegia and convulsion due to tumor of the dura mater, diagnosed by this means, cured by operation; also from *Brain* a case of left hemiplegia due to an abscess, which was emptied by trephining over the designated spot, the patient recovering.

These are only a part of the list of cases which might be advanced to show how closely results of great beneficence follow on the heels of laboratory experiment when conducted by genius seeking knowledge for its own sake.

THE legal prosecution of Dr. Ferrier was marked by a mistimed as well as undeserved personal abuse, to which a partial offset came in the prompt support given by the *British Medical Association* to this member, whom all should delight to honor.

### Original.

## INTESTINAL OBSTRUCTION RELIEVED BY INVERSION OF THE BODY AND INJECTIONS OF WARM WATER.

BY M. E. POYNTER, M.D.

Early in July, 1881, Mike Collins, section-boss on the L., C. & L. R. R., was suffering for several days from acute dysentery, which yielded to the ordinary treatment in a few days. He had as many as fifteen to twenty discharges in the twenty-four hours, mainly bloody mucus, attended with great pain and tenesmus. The weather was insufferably hot, and after being housed for about a week, his dysentery having disappeared, he attempted to resume the superintendency of his work, which was the laying of steel rails along his section of the road.

The first morning he resumed work he says he felt as well as he ever had, with the exception of some feebleness resulting from his attack of flux. After reaching the point on the road where work was to begin he felt a desire to evacuate his bowels. Having just eaten breakfast, and stepping to a favorable spot, he made the attempt, but to his surprise without result. Feeling no relief, in a few minutes he was forced to repeat the attempt, but with similar failure. More and more the desire manifested itself; and he asserts that twenty times within an hour he felt obliged by the urgency of the desire to defecate to make the attempt, and of course strained every muscle directly concerned in or in any way an auxiliary to the accomplishment of the one object. Yet with all this effort he got no relief; rather the more he tried the more intense was the desire.

This was the history given me upon visiting him at about nine o'clock in the morning, when I found him half recumbent, with no pain when lying still, but quick, nervous pulse, profuse perspiration, and every two or three minutes (against my earnest protest) getting up to stool and going through the process of straining until indeed his condition became pitiable. His countenance was most anxious, and, saying that he believed he should die, asked permission to send for his spiritual adviser.

I neglected to state that he was probably forty-five years of age, a very short, heavy-set, "fat" man, and had previously always enjoyed good health.

My diagnosis—obstruction of the bowels—was easily reached, but brought little light

with it. Was it hernia in one of its various forms, or intussusception, or something else? At what point would hernia be most likely found, or, if the bowel was invaginated, in what situation and how could it be reached? These were the practical questions rapidly revolving in my mind, and requiring as rapid answers.

In the first place, I gave him half a grain of morphia sulphate hypodermically to stop the urgency of his appeals to go to stool.

Upon careful examination I could find no trace of hernia nor locate the point of obstruction beyond the surmise that it was in the rectal region, the patient himself referred all his symptoms to that point and insisted that it was beyond relief. Hurriedly dispatching a messenger to the nearest drug-store for chloroform and a Davidson syringe, I at once had a large tub of very warm water brought in and had him seated in it. In this position, with the water up to the waist, and assistants to splash his body thoroughly and constantly for nearly half an hour, I felt quite disappointed that he found no relief. He continued after getting out of the water to insist upon going to stool every few moments.

In less than an hour after inserting the morphia the man returned with chloroform and the syringe, and placing the patient on his knees with face resting upon the floor I attempted to inject the rectum with warm water, but to my surprise after a few ounces were thrown in the water returned in a sharp stream beside the pipe. Oiling my finger I explored the rectum, found it free of fecal matter, but as high up as the finger would reach detected a blind pouch or cul-de-sac, beyond which no opening or passage was apparent. Whether this was an invaginated part of the colon descended to this point, or a knot of small intestine lodged in the pouch of Douglass, it was impossible to determine.

In this doubtful state of mind it occurred to me to try a remedy that suggested itself to me suddenly, and calling stout men to assist me, asked them to seize his feet and *stand him on his head*, explaining to him in the meantime the object of the procedure. With his head and hands resting on the floor and his body inverted perpendicularly by the men, his legs held well apart, I took the syringe and basin of water and proceeded to pump him full. The first and second bulbfuls met some obstruction and partly regurgitated, but by firmly and slowly persisting I felt the obstruction give way and the whole

basinful was passed in without further hindrance. The patient himself recognized the moment of relief and announced that he was "all right."

Soon after letting him down he passed the water from the bowel without further difficulty, and with it a natural fecal discharge. The cure was accomplished and required no further treatment, and in a couple of days he resumed his occupation, and has since had no reminder of it.

*Remarks.*—"Obstruction of the bowels" enables you to have at hand a diagnosis; but having that, how near are you to a solution of the difficulty? In the haste and urgency of symptoms such as a case like this brings, conclusions of a widely divergent character may be easily reached. The suddenness of the attack, preceded by no antecedent warnings, however, might justify the elimination of all other causes than either hernia or invagination of the bowel. But when you have gotten thus far you are yet wide of accurate knowledge, for if you find no knuckle of intestine engaging in any of the abdominal openings, yet omental adhesions and other complications are protean in form, and if intussusception be suspected, where is it situated?

Before inflammatory action has set in it would be next to impossible to determine. In either event, however, the treatment adopted would be equally adapted to the relief of the symptoms.

From all the circumstances I am inclined to believe the trouble was prolapse of the small intestine into the pouch of Douglass. If the attack had occurred during the illness from dysentery, ten days before, and while suffering from great tenesmus, the idea of invagination of the colon into the sigmoid flexure might have been accepted; but coming unheralded, and being so low that the mass could be approached by the finger in the rectum, and the perfect and immediate relief from the means employed, all lead me to the position here mentioned.

In regard to the method used I may indicate my ignorance of the literature of the subject, but have no recollection of ever having seen "my method" suggested by any writer. I am aware that the "knee-elbow" position has been suggested in *hernia*, and injections in invaginations; also that it has been suggested to stand the patient on his head in *hernia*, but that position *together with the enema* for the relief of obstruction of the bowels was to me original at any rate.

MIDWAY, KY.

## Correspondence.

*Editors Louisville Medical News:*

You will recollect that I passed through your city on the 1st of this month, and called on you at the University, and promised to drop you an item occasionally for the NEWS.

I met with no mishap on my way here except missing connection of trains at Cincinnati, where I was delayed some sixteen hours. While waiting I called at the Ohio Medical College and heard lectures from Prof. Hyndman on Chemistry, and Prof. Ransohoff on Anatomy. Prof. H. is well posted, but not a pleasant speaker on account of an impediment. Prof. R. is a fine talker and well versed in his branch. The college has a very respectable class.

Since my arrival here I have been a constant looker on at the Bellevue Hospital and College. As a general thing they have a corps of fine lecturers. Among the most fluent speakers may be mentioned Professors Flint, jr., Bryant, Welsh, Lusk, Doremus, Dennis, Sayre, Janeway, etc. Some of the others speak in too low a tone to be understood at a distance. Far as I have heard, they are all well posted men in their various branches. I have not had an opportunity yet to hear all the faculty, but so far am highly pleased.

Prof. Flint, jr., is one of the finest lecturers I ever heard. He reminds me of your professor of the same branch, who, you know, is regarded as the Cicero of the profession. Of course I allude to Prof. Palmer.

As far as surgery is concerned, I have seen no one handle the knife better than our friend Prof. D. W. Yandell.

I have visited the charity of Blackwell's Island, and attended the clinic of Prof. Keyes, of Bellevue. He exhibited several cases of syphilis in the second stage. They were samples of erythema and papulæ.

Prof. Sayre confines his clinics mostly to diseased joints and spinal troubles. He has brought before the class several cases of hip-, knee-, and ankle-disease, which he treats with apparatus by which pressure is removed so as to allow the patients to take exercise and at the same time get well. This of course is effected by extension and counter-extension. He also had before us a case of dorsal curvature in its forming stage. This was a child of two years of age and quite delicate. It had been under treatment some time, but was now well except a very slight deformity.



It could walk very well. This result was of course effected by the use of the plaster jacket with the jury mast attached. The secret of cure in these cases consists in removing the super-incumbent weight off the diseased part and placing it on the hips. In speaking of the application of this apparatus the professor animadverted very indignantly on an article in a recent number of the British Medical Journal, by Dr. Howard March, assistant to Sir James Paget, of St. Bartholomew Hospital, in which he asserts that the plaster jacket can not be applied so as to do any good to a child under seven years old in spinal curvature, on account of the small size of the hips. This theory Dr. S. completely refuted by presenting the case above alluded to, and maintained that facts upset theory. Dr. S., in lecturing on the causes of hip-joint disease, contended that it was always the result of direct local injury. In alluding to the standard view, that it had for its prime cause the scrofulous diathesis, he deemed that such a theory was not only erroneous, but in a large majority of instances a mere myth. He regards the low state of health so frequently seen in such patients as being due in a large measure to bad diet, impure air, and unhealthy surroundings generally. His treatment consists mainly in removing pressure from the joint, and in tonics, and good nourishing diet. In order to accomplish the first indication, he applies a hip- and thigh-apparatus, by which extension and counter-extension are maintained, by which the joint is relieved from pressure and the patient rendered comfortable. If the patient has sufficient strength he is allowed to take exercise on foot, which does not interfere in the process of cure. The apparatus is so constructed with ball and socket-joint at the hip as to permit the motion of foot exercise, and at the same time avoid pressure. The professor spoke of Dr. Agnew's statement, that it was impossible to construct any apparatus by which extension and counter-extension could be applied so as to relieve the hip joint from pressure. This he was of course able not only to contradict but to demonstrate positively to the contrary. He seemed to think the Philadelphians deficient in mechanical genius.

T. B. G., M.D.

NEW YORK, December 14, 1881.

A DEATH from the local use of pyrogallie acid in general psoriasis (a ten-per-cent ointment) is reported from Breslau.

## Medical Societies.

### PARALYSIS OF MALARIAL ORIGIN.

#### NEW YORK NEUROLOGICAL SOCIETY.

Stated Meeting, December 6 1881.

The paper of the evening was read by V. P. Gibney, it being entitled Intermittent Spinal Paralysis of Malarial Origin. Dr. Gibney proceeded at once to relate the histories of certain cases, showing, as he thought, this form of disease. Case I was that of a boy seven years of age. He was one of three children, the others being healthy; father intemperate, mother nervous. Family lived in a very malarious neighborhood. In September, 1878, he had a high fever, with delirium at night, and suffered from pains in the limbs and hyperesthesia of the surface. This continued for a week. He took much quinine. He improved, then got worse again; was finally left with paralysis of the four extremities not quite complete. There was some faradic reaction. Diagnosis, myelitis of anterior horns. He was admitted to the hospital later. He then showed marked genu valgum; walked with difficulty, and legs far apart. Diminution in power of some of the muscles; relaxation of posterior ligaments of knee; knee phenomena normal; tendo Achilles tense. Treatment, electrical and mechanical; no medicines given. Gradual improvement took place—so much indeed as to cast doubt over the diagnosis of spinal paralysis from a pathological standpoint. The boy left the hospital cured. He returned later with nearly the same history as before, but the attack this time was less severe. He had been living in a malarious locality. Ordered quinine and faradism. Under this he was completely restored again. He returned to the malarious locality. After a time he began to have chills; was improved by quinine, but finally was brought to the hospital in June, 1880, for a third time, severely paralyzed. He suffered much from pains in the limbs and he had a fever. The fever gradually disappeared; the electrical reactions were very feeble; the patient gradually improved, and became able to walk about; electrical reactions also became stronger. By August he was nearly well. In October he was worse again; his limbs became paretic; he was unable to walk; improvement soon after set in.

Dr. Gibney here referred to the fact that intermittent spinal paralysis was very rare indeed. A case was reported in 1857, by Macario, of a woman who was attacked with paralysis of the extremities and tongue, two days after confinement. These symptoms were repeated in a quotidian type for three days, and were cured by quinine. Two other cases are quoted by Erb. One, reported by Hartwig, was that of a vigorous laborer, aged twenty-three, who had had tertian ague for five weeks, five years before. Since then he had been well. He was gradually attacked with paralysis, and in four days all his extremities, as well as the trunk and neck, were paralyzed; sensibility was intact; this lasted twenty-four hours; it then terminated, the patient perspiring freely. For twenty-four hours patient was well; then symptoms all returned. For over seven months intermissions or remissions of health, or improvement, alternated with paralysis. Quinine and arsenic lengthened the intervals of health sometimes to four days or more. After seven months no radical improvement was present, and the termination of the case is not known.

A case of intermittent tetany is reported by Dr. Wilkes. The literature of malarial poisoning is full of neuroses. Trousseau thought that very nearly all the symptoms in masked malaria could be explained by referring them to the effect of the poison on the nervous system. The speaker thought it not difficult, therefore, to suppose that malarial poison might cause an anterior poliomyelitis. In such cases the anatomical diagnosis is the same as in ordinary spinal paralysis; but, pathologically, there is a different condition, and the prognosis differs materially.

In Dr. Gibney's case the first attack occurred in September, 1878, six days after an attack of intermittent fever. Partial recovery took place. In September a second attack occurred, from which recovery was not complete till the next January. Quinine was not given. The third attack occurred five weeks after the cure of the second. Recovery took place in three weeks. The fourth attack occurred four months after recovery from third. In six months he was discharged perfectly well. Six months later he had a fifth attack coming on gradually with pains in the limbs. Improvement was slow, and now, after four months, he is not yet cured.

Case II was that of a boy aged six. He was admitted to the hospital with paralysis of the legs and hyperesthesia. Electrical reactions good, but not vigorous. No real atrophy. Two years before he had lived in a malarious locality, and was taken suddenly ill with fever and pains in the limbs; was sick for six weeks, his limbs becoming paralyzed. He recovered in a few weeks. In April, 1880, he had a second attack, which began with *malaise*. He gradually lost power in his limbs. Being brought to the hospital, he slowly improved. September 24th he was discharged cured. The next spring he was taken again with paralysis in all four extremities. Two weeks later he had convulsions. He died finally of exhaustion. He did not have tuberculosis. No autopsy was made.

Dr. Gibney, in commenting upon the preceding cases, said that he thought that pathologically there must be some difference between them and those of ordinary spinal paralysis. In studying them he had been struck with the symmetrical development of the symptoms which occurred in all cases. In no instance had he found the typical degenerative reaction. Dr. Seguin had said if cases of infantile spinal paralysis did not recover in two or three months, there was very little hope for them. Dr. Gibney could not recall a single case in which complete recovery had taken place. He was inclined to believe that simple active, followed by passive hyperemia, occurred in the cases of intermittent spinal paralysis. Such a condition of congestion might vary under the action of the malarial poisoning, just as was the case with the spleen. The theory of a multiple neuritis might be entertained.

Dr. M. Putnam-Jacobi, being called on to open the discussion, said that she had seen Dr. Gibney's first case. She was puzzled by it then, but felt even more so since hearing the history just given. When she first saw the case she was struck with the fact that the child complained of pain all the time, and it was pain which made him object to walking more than his muscular inability to walk. He did not complain of pain upon firm rubbing, but upon slight touches. Her first thought was of hysterical paralysis or partial paralysis. Only the electrical reactions could not be obtained or were not good in some muscles. Comparing this case with two of

those cited by Erb, there seemed to the speaker to be a marked difference between them. In the latter the paralysis was very temporary and of a quotidian type. Quinine promptly cured the attacks. Romberg refers to the sudden appearance of paraplegia in cases of pernicious malarial fever. In Dr. Gibney's case (1) the paralysis did not come on suddenly; (2) it lasted for some time and did not intermit as in intermittent fever; (3) it did not terminate in sweating; (4) there were marked sensory disturbances; and (5) the paralysis was not complete; in all those respects differing from the cases quoted by Erb. In Macario's case the paralysis was not referred by that author to malaria, but was thought to be an idiopathic form, distinct from the hysterical. There is one form of paralysis to which Dr. Gibney's case might be referred, and that is the rheumatic. This is a most common form of functional paralysis. The point against such a diagnosis was the electrical reactions, which were not those of a functional paralysis.

Dr. E. C. Seguin said that Dr. Gibney's last case was so different from the first that it might be referred to a different cause, perhaps that of a diffuse neuritis. The speaker then enlarged upon the extreme rarity of cases of paralysis from malarial causes. In many extensive treatises the disease is not mentioned, or, as in Niemeyer, is barely referred to. Neither Erb nor Hertz (in Ziemssen) report any cases of their own. Nash and Leyden report cases. Macario stole his case from another author. The speaker was inclined to take the same view as Dr. Jacobi regarding Dr. Gibney's case. It seemed to be one of a relapsing rather than intermittent character. In these cases it would be nearer the truth to say that malaria caused the fever, and the fever the paralysis.

Dr. Seguin then read a case of his own: The patient, a man fifty-five years of age, had passed through a period of overwork and anxiety. He had had no distinct ague. He complained of headache, numbness of the right arm and leg, and more or less of the whole right side of the body. He did not seem very ill. Was of full habit. A prescription was given. He returned in two weeks saying that he was better, but still had headache, with numbness and a jaded feeling in right side every other day. Quinine was given and recovery took place within fourteen days. He thought the case might be termed one of intermittent post-malarial hemi-numbness.

Dr. A. D. Rockwell related the history of a man of middle age who suffered from an intermittent hemiplegia. He was first taken suddenly with complete right hemiplegia; articulation imperfect, mind clear. He recovered in a few months. He was then taken with a second attack, not so severe as the first. He could walk a little. After this he was taken every other day in the same manner for three or four weeks. The paroxysms then changed in character. After some variations in his condition, the hemiplegia became complete, more serious symptoms set in, and he soon died. Post-mortem showed some organized lymph upon the pia mater of the brain; choroid plexus enlarged and cystic; considerable serous effusion at base of the brain; liver fatty; also the mitral valves. No rupture of arteries and no embolism or thrombus in the brain. A diagnosis of the old-fashioned kind would be serous apoplexy. Dr. Rockwell thought it plausible to suppose that there was an intermittent spasm of the cerebral vessels, which might account for the paralyses.

Quinine was given on account of the intermittent character of the attacks. Electricity was also used. As regards malarial paraplegia, he had seen two unmistakable cases.

Dr. L. C. Gray dwelt upon the fact that Dr. Gibney's case was more of a relapsing than intermittent type. If a case did not have any characters of periodicity it was hardly right to say it was malarial. The speaker had never seen a case of paralysis due to malaria, but he had seen cases which apparently had such an origin. The history of such a case was then related. Dr. Gray thought that in the next ten years the attempt would be made to show that malaria is a neurosis. Already several authors had shown a leaning in that direction.

## Formulary.

### ESERINE IN DIPHTHERITIC PARALYSIS OF THE CILIARY MUSCLES.

Dr. Theobald reports a case of paralysis of the ciliary muscles (paralysis of accommodation) following an attack of diphtheria in a boy. There was also loss of power in the faucial muscles, and speech was very indistinct. The ciliary paralysis was complete. He gave the patient strychnia in one-thirty-second-grain doses for a week with only slight improvement. He then in addition to the strychnia, the dose of which was gradually increased to one sixteenth of a grain, prescribed eserine locally (two grains to the ounce of water) twice a day for three days, then once a day for two days, making five days in all of treatment by this agent. The result was a prompt and complete restoration of accommodative power and the recovery of perfect vision, which has remained permanent. There has also been improvement in the other paralytic symptoms.—*Maryland Med. Journal*.

### RESORCIN IN AURAL SURGERY.

Dr. Rossi, of Rome (*Archives of Otology; Med. Press and Circular*), has used resorcin in more than two hundred cases of purulent middle-ear inflammation, and claims that in his hands no remedy has given such substantial results in this obstinate affection. He employs the drug undiluted or prepared according to the following formula:

Resorcin..... 4 parts;  
Water or alcohol..... 100 parts.

M. Make solution and inject.

He promises further record of results.

### CYSTITIS.

In cases of cystitis dependent on calculus vesicæ (*Med. Press and Circ.*), the urine being strongly alkaline, with ammoniacal odor, deep scarlet color, and showing a sediment of ropy mucus, pus, and broken-down blood-corpuscles, Mr. Parke recommends the following:

R Acid. nit., dil.....  $\mathfrak{m} \times$ ; 0.66 fl.Gm.;  
Ext. belladon..... gr.  $\mathfrak{M}$ ; 0.13 Gm.;  
Ext. hyoscyam..... gr. v; 0.30 Gm.;  
Infus. buchu.....  $\mathfrak{z}$  ss; 15.00 Gm.

M. Make one draught. Sig. Take, freely diluted, three times a day.

## Books and Pamphlets.

AN ADDRESS TO THE LEGISLATURE OF SOUTH CAROLINA ON THE SANITARY NEEDS OF THE STATE. WHAT A STATE BOARD OF HEALTH CAN ACCOMPLISH. By a Special Committee of the Medical Association of South Carolina, through the Executive Committee of the State Board of Health, October, 1881. By F. Peyre Porcher, M.D., of Charleston.

AIDS TO DIAGNOSIS. Part III: What to Ask. By J. Milner Fothergill, M.D., F.R.C.P. New York: G. P. Putnam's Sons. 1881.

A little book of sixty-six pages containing pleasant discursive talk of an instructive character, addressed to students, on consultations, the sick-room, the out-patient, and general deportment.

THE STUDENT'S MANUAL OF VENEREAL DISEASES. By Berkeley Hill and Arthur Cooper. Second edition. New York: Wm. Wood & Co. 1881.

Wonderful to relate, this concise summary by well-known writers, printed with excellent type and bound in paper, sells for ten cents. There can't be any profit to the publisher, although readers will gain greatly by it.

INDIGESTION AND BILIOUSNESS (No. 4, Library of Medical Classics). By J. Milner Fothergill, M.D., Member of the Royal College of Physicians of London, Senior Assistant Physician to the City of London Hospital for Diseases of the Chest, etc. New York: Bermingham & Co., 1260 and 1262 Broadway. Price, 35 cents.

We have already given an extended notice of this work in an issue by another publisher. The cheapness of this one is the only noteworthy feature.

## Miscellany.

VACCINATION.—In concluding some remarks on animal vaccination and its general relations with vaccination and re-vaccination, Dr. E. Warlomont, Director of the State Vaccinal Institution at Brussels, says:

"When a child is brought back at the expiration of the first seven days, if it be re-vaccinated on the spot, even with its own vaccine lymph, it may be that there will be a fresh eruption, feeble for the most part, but occasionally showing all the signs of classic vaccinal pustule. What conclusion is to be drawn, if not that the first inoculation, insufficient to protect the subject against a second vaccinal impregnation, was *a fortiori* insufficient to guard it against variola? Hence the necessity of fresh insertions until the complete exhaustion of vaccinal receptivity. This is what I term *vaccinization*. Thus every child brought back at the end of eight days should be re-

vaccinated on the spot, even with its own vaccine, if it be in proper condition. If this second vaccination answer well, a third should be performed, and so on, till the patient be completely vaccinated.

"I have a decided conviction that if this practice were followed, if all children were vaccinated, the immunity from smallpox would be much greater than at the present time; and it is perhaps from my having constantly put it into practice that my successes have been so constant and the result of my vaccinations so thoroughly satisfactory.

"Such are the fresh considerations we have to weigh in favor of animal vaccination. It has been objected that Jenner's opinion was against it; but this argument has no weight with me. In matters of experimental science the predictions of the greatest geniuses only show the imprudence of those who express them. Facts have decided against the predictions expressed on this subject by the immortal discoverer of vaccination."—*British Med. Journal*.

**LYCOPODINE.**—While the phanerogams or flowering plants annually contribute to the list of newly-discovered alkaloids, with the exception of muscarine and amanitine, no alkaloid has as yet been definitely recognized among the cryptogams. Karl Bodeker, of Gottingen, has opened the road in this direction, and gives in a paper sent to Liebig's *Annalen der Chemie* the following account of an alkaloid which, from the name of the plant in which it occurs, he calls lycopodine. The plant yielding the alkaloid, *Lycopodium complanatum*, belongs to the group of angiospermous cryptogams. It is distinguished throughout the whole of north and middle Europe, and contains the largest proportion of aluminium of any known plant. Its bitter taste led the author to suspect an alkaloid in it. Lycopodine has a composition which may be represented by the formulæ  $C_{32}H_{52}N_2O_3$ . It melts at  $114^{\circ}$ – $115^{\circ}$  C. without loss of weight. It is tolerably soluble in water and in ether, and very soluble indeed in alcohol, chloroform, benzol, or amyl alcohol. Lycopodine has a very pure bitter taste. The author has formed several salts of the base, all of a crystalline nature, and containing water of crystallization. The hydrochlorate gives up a part of its water of crystallization at the ordinary temperature under a desiccator over sulphuric acid, and the whole of it upon heating.—*Oil and Drug News*.

**THAPSIA PLASTER.**—This plaster is made from the *Thapsia garganica*, which grows in abundance on the plateaus of Algeria, and since its introduction into therapeutics has rendered important service in the art of healing. It owes its irritating properties to a peculiar resin contained in its roots, rendering it a powerful derivative whose action on account of its form and consistence may be graduated at will and limited to the very spot on which the physician wishes to obtain the effect. This result is impossible with croton oil, which on account of its fluid state spreads and acts on a larger space than desirable. From the simplicity of its use it has gained much favor with the profession, and is used by many in preference to croton oil or tartar-emetic ointment, over which it has great advantages. Its revulsive action manifests itself by a miliary eruption more or less abundant according to the time it has been applied. When the eruption disappears in a few days the plaster may be re-applied, and thus a counter-irritation kept up for any desirable length of time. *Pacific Med. Journal*.

[We can confirm the above statements so far as the rubefacient properties are concerned. It is a valuable remedy when freshly prepared, but according to our experience old preparations are much less reliable.]

**HEN-LICE A HUMAN PARASITE.**—Dr. Goldsmith, of Vermont, reports in the Medical Record a case which, although rare, is not without a parallel: A woman complained of an intense itching, caused, according to her statement, by insects crawling over her. After a profuse sweat a number of brownish insects emerged from the sweat-pores. These were found to be pigeon- or hen-lice (*Dermanyssus avium*). The use of diaphoretic sulphur, tar-water, mild solutions of corrosive sublimate, and the precautions usual in phthiriasis resulted in a cure. Similar cases have been reported by others.

**DA COSTA** considers ergotin the best remedy for the night-sweats of phthisis—two grains three or four times a day. It is less prompt than atropia, but it is free from any unpleasant effects, which the other is not.—*Maryland Med. Journal*.

**MACDONALD** (Edin. Med. Jour.) finds carbolic acid, in one-fourth to one-minim doses, to relieve the hoop, check the vomiting, and diminish the intensity and frequency of the paroxysms of whooping-cough in children.



**WHAT COFFEE WILL DO.**—Dr. Henry Segur thus enumerates the blessings which coffee can produce: It is a mental and bodily stimulant, assisting to convert the blood into nervous tissue, and thus recruit the nervous, moving, and thinking faculties. It lessens waste of tissue, and thus lessens the amount of food necessary to support the system. It will often cut short and cure attacks of intermittent fever. In typhus fever it increases the excretion of urea, and so far purifies the blood without increasing tissue metamorphosis. It tends to lessen coma and low delirium. It is a great reliance in yellow fever. It is useful in spasmodic asthma, in whooping-cough, and hysterics. It is a diuretic in cardiac dropsy. In opium poisoning its efficacy is well known. It relieves the sense of oppression and helps digestion after a hearty meal. It is a disinfectant and deodorizer. Habitual coffee-drinkers generally enjoy good health and live to a good old age.

**THE LETHAL INFLUENCES OF A "HEALTH-RESORT."**—Lethal enough they often are, as many of our readers could bear witness. There are probably few members of our profession in middle-class practice who have not to treat each autumn several cases of zymotic disease contracted at the seaside. Hundreds of persons every year acquire, during their annual holiday, diseases which could with certainty be prevented by due attention to the sanitary arrangements in our hotels and lodging-houses, and many a gravestone at our fashionable watering-places marks the resting-place of one who, seeking health or pleasure, found disease and death. —*London Lancet.*

THE secretary of the California Board of Health writes to Health-commissioner Francis, of St. Louis, that a quarantine has been established on the Central Pacific Railroad against trains from Chicago. Smallpox has been introduced along that railroad in five counties of California, and in every case, the writer says, the disease can be traced to arrivals from Chicago. It is said that the smallpox is also quite prevalent in St. Louis, "but the authorities are keeping quiet upon the subject; in other words, they are lying about it."

MR. SPENCER WELLS has so far had good fortune with his patient whose cancerous pregnant uterus he extirpated by abdominal section on the 21st of October.

## Selections.

**On Beef Tea—Liebig's Extract—Extractum Carnis and Urine.**—We find a short and interesting communication on this subject by Richard Neale, M.D., London, in the Practitioner:

In the *Lancet* for October, 1880, Mr. G. F. Masterman draws attention to the chemical analysis of beef tea, and shows that it is analogous to urine, excepting that contains less urea and uric acid. Some years ago Mr. Masterman also gave analyses in one of the medical journals, but which of them I can not learn, even from the author himself, showing that beef tea, most carefully prepared, does not contain, including alkaline salts, more than from 1.50 to 2.25 per cent of solid matters, and that such matter is composed mainly of urea, kreatine, kreatinine, isoline, and decomposed hematin, exactly the animal constituents of the urine, except that there is but a trace of urea.

Many writers have endeavored to impress the public and the profession with the true value of beef tea, viz. that it is not a nutrient but a stimulant, and that it mainly contains excrementitious materials. It appears, however, of little avail, for you constantly meet with those, even in the ranks of the profession, who believe beef tea to be really a powerful nutriment, while in most cases among the public your positive statement that in milk we possess a far cheaper and more powerful blood and flesh-making food than in beef tea is met with a skeptical stare. A short time since a consulting physician wrote in one of our periodicals how he was not infrequently called to cases where he found the patient literally starving to death in the midst of plenty. Wines and liquors of all choice brands covered the table, with beef tea, jellies and essence of meats in all their endless varieties, some of which, the consultant was told, were given every half hour, and that therefore the patient had been well kept up. By a speedy clearance of all but the brandy bottle, and with the addition of two or three pennyworth of milk, he had on several occasions rescued a young and valuable life from certain death.

The late Dr. Francis Sibson, in an admirable paper on Bright's disease and its treatment, published in the *British Med. Journal*, February, 1877, showed how detrimental beef tea may prove in some cases of Bright's disease, where the kidneys are already taxed to the utmost to throw off metamorphosed structures, and yet the metamorphosed structures of the muscles of the cow are superadded, for these very materials, had the animal lived, would have been passed away as urine. Frequently, too, beef tea is advised by practical physicians in diarrhea, dysentery, and during diarrhea of typhoid; certainly a large experience of tropical dysentery and diarrhea has taught the writer to look upon this fluid in the light of poison in such cases.

Dr. Lauder Brunton has some very able remarks upon the occasional injurious results of beef tea (*vide Practitioner*, November, 1880): "We find only too frequently that both doctors and patients think that the strength is sure to be kept up if a sufficient quantity of beef tea can only be got down; but this observation, I think, raises the question, whether beef tea may not very frequently be actually injurious, and whether the products of muscular waste, which constitute the chief portion of beef tea or beef essence,

may not under certain circumstances be actually poisonous. For although there can be no doubt that beef tea is in many cases a most useful stimulant, one which we find very hard indeed to do without, and which could hardly be replaced by any other, yet sometimes the administration of beef tea, like that of alcoholic stimulants, may be overdone, and the patient weakened instead of strengthened."

Many other writers who have from time to time endeavored to impress the profession with the true value that beef tea possesses as a stimulant, but not as a nutritive agent, may be referred to by the aid of the *Medical Digest*, secs. 124 and 125.

The non-nutritive, but valuable stimulating powers of beef tea, and its excellence as a vehicle for flesh-making food, such as bread, being fully conceded, it will be interesting to note some facts proving that similar properties have long been known as pertaining to urine. In South America urine is a common vehicle for medicine, and the urine of little boys is spoken of highly as a stimulant in malignant small-pox. Among the Chinese and Malays of Batavia urine is very freely used. One of the worst cases of epistaxis ceased after a pint of fresh urine was drunk, although it had for thirty-six hours or more resisted every form of European medicine. This was by no means an unusual result of the use of urine, as I was told by many of the natives. Hypodermic injections of secale were then unknown. As a stimulant and general pick-up I have often seen a glass of child's or young girl's urine tossed off with great gusto and apparent benefit. In some parts of our own country the use of urine as a medicinal agent is not unknown. The use of urate of ammonia and guano was noticed by Bauer in 1852, who found their external use of value in phthisis, lepra, morphea, and other obstinate skin-diseases. Dr. Hastings's report of the value of the excreta of reptiles in 1862 in the treatment of phthisis will also be fresh in the recollection of the older members of the profession. Possibly other observers may be able to add further to our information regarding the medicinal uses of urine both at home and abroad.

**Opium-smoking as a Remedy.**—In the *Medical Record*, November 5th, Dr. H. H. Kane says that smoking the drug has the following advantages over other methods of using it: 1. It takes longer to form the habit; 2. It works less harm when once formed; 3. It is easier to break; 4. A local as well as a general effect may be obtained. Says he further on:

It would be especially suited to that class of pulmonary affections where a topical as well as a general action was desired. In numerous experiments I have found it of the greatest benefit in the insomnia of phthisis due to a frequent, irritative cough; in spasmodic asthma; and the asthmatic symptoms of emphysema and chronic pneumonia. Not only does it check the cough, but it permits of sleep in the recumbent posture, a thing that before its use had, in some cases, been impossible for months.

Over the other methods of using the drug it has the advantage of requiring long smoking to form a habit, and the least physical harm when the habit is formed. In many cases of phthisis it would make but little difference whether a habit was formed or not, as the patient is certain to die, and nothing so thoroughly smooths the path to the grave as opium. In other cases its occasional use, especially if the pa-

tient did not know what he was smoking, would not produce any morbid craving for the drug.

The trial of the opium-pipe in the wards of one of our large hospitals would probably give some very decided results, not only in pulmonary, but in cardiac and other affections.

In catarrhal inflammation opium-smoking would be especially indicated, as it is a well-known fact among smokers that gleet, gonorrhea, leucorrhea, and nasal catarrh rapidly disappear in the smoker. Furthermore, this is about the only way of using opium alone that creates (to the novice) nausea, profuse perspiration, and decided relaxation, an effect that is but imperfectly reached by Dover's powder.

I know of one case of malarial neurosis of the heart that has been seen by Profs. Loomis, Clark, and Janeway, of this city, and Walsh of London, where the daily smoking of a few pipefuls of opium was the only way of using it that would control the palpitation and pain. Morphine and opium by the mouth or rectum produced constipation, loss of appetite, gloom, and despondency, all of which vanished after he abandoned them for the pipe.

There are those who will perhaps look upon the course I am taking in this matter as opposed to that which I have written before, and censure me for trying to introduce as a therapeutic measure a new plan of using a drug that already numbers its slaves by thousands. In anticipation of such censure I can only say that opium will be used in medicine as long as medicine is practiced, and if we can bring forward a manner of using the drug that shall offer the following advantages we are doing a real service to humanity: 1. Maximum result from a minimum amount; 2. Rapidity of action; 3. Advantages of local effect; 4. Least physical, mental, and moral ill effect from continued use; 5. Greatest difficulty in forming a habit when correctly used; 6. Comparative ease with which the habit is broken.

The rapid spread of the habitual use of morphia hypodermically has been due to the placing of syringes in the hands of patients. If the physician will conceal the name of the drug he is using in the pipe, and administer it himself to the patient there is but little danger of the formation of a habit.

Finally, other drugs (their aqueous extract) may be combined in definite amount with the opium and also used for inhalation.

**Capsicum Annum in Metrorrhagia.**—M. Cheron, in the *Revue Med. Chir. des Mal. des Femmes*, recommends strongly cayenne pepper in all forms of uterine hemorrhage, whether due to fibroid tumors or to fungous endometritis, or even to epithelioma. He was first led to essay this remedy by the good effects observed from its use in hemorrhoids. A large number of physiological experiments led him to consider it as having a special action on the vascular system, and hence on organs very rich in blood vessels, such as the utero-ovarian system, the organs of respiration and the brain.

Cayenne pepper acts like ergot on the non-striated muscular fibers of the vessels, either directly or through the vasomotor system, and it has the great advantage over ergot that it is well supported by the stomach, acting as a stimulant to its functions. The medicament can be given in pill form, two grains before each meal, increasing to four grains, or the watery extract in the same dose, or in tincture, much diluted and given more frequently.—*Med. and Surg. Reporter.*

**The Excretion of Indican.**—Dr. Heineman has examined the urine in nearly two hundred cases, of which one hundred and fifty were cases of disease, for the purpose of discovering the relations which indican bears to the state of the organism. The indican is estimated by decomposing it by means of hydrochloric acid, and then dissolving out the indigo blue thus formed by chloroform; calcium hypochlorite being added to the solution to complete the decomposition and intensify the color. One hundred and forty-nine of the observations were on the excretion in health, indican being found in ninety per cent. In nearly half the cases there was an increase above the average. It seems necessary, therefore, to consider that the diet affects the excretion of this substance to a marked extent. The greatest excess was found in diseases that affect the alimentary canal, and especially the small intestine, whether the affections were local or general with a local lesion. There was a definite increase in dyspepsia, gastroduodenitis, intussusception, chronic constipation, diarrhea, peritonitis, cholera, lead poisoning, and typhoid fever. In diseases causing inanition, phthisis, and scrofulous bone-disease, an increase is also found. Although some diseases in which there is a reduction in the hemoglobin of the blood cause an increase, there are curious and at present mysterious variations in the effect of diseases of this class. Thus malaria, syphilis, rheumatism, alcoholism, progressive anemia, and chlorosis, even when the blood change is profound, do not always cause an increase in the amount of indican excreted. Further observations in this class of disease are needed to ascertain the conditions under which the excretion varies. There is a marked increase in certain nervous disorders—insanity, epilepsy, Addison's disease, progressive muscular atrophy, and paraplegia, and also cases of disordered function of the kidneys, as in chronic Bright's disease. The diseases, however, in which the most marked and uniform increase is met with are internal malignant tumors—sarcoma and carcinoma.—*Arch. Gén. de Méd.*

#### Note on the Therapeutics of Viscum Album.

Dr. R. Park contributes to the Practitioner this Note on the Therapeutics of Viscum Album:

Dr. Murrell's article in the London Med. Record for July 15, 1881, reviewing articles of Payne and others in American journals, is one of unusual interest to me, and for this reason. In June, 1870, I took charge of the practice of the late Dr. Wigglesworth, Cinderford, Forest of Dean. Among the drugs in the surgery I found a large bottle labeled "Tincture of Mistletoe." I had never heard of this tincture before; so my curiosity was aroused, and I carefully explored all the late doctor's books with a view to find a clew to its strength, mode of preparation, and therapeutics. My exploration was without result, however, so I spoke to Mrs. Wigglesworth, the widow, about the strange tincture, desiring to know if she could tell me for what purpose her husband had used it. She replied quite frankly that she knew the doctor had used a lot of it for treating diseases of the heart, but she knew nothing else about it. On account of the associations of mistletoe I thought at first the good lady might be making a little joke at my expense; but having assured myself that this was not so I coupled the information with the fact that I found a most unusual proportion of heart cases among the late doctor's clientele. Some were displacements, some valvular disease, some hypertrophy,

some asthenia and palpitation simply. Most of the patients were miners working in Messrs. Crawshaw's pits, and rheumatism and the cramped position in which the men worked were variously blamed for the morbid conditions. Whatever the exact pathological condition might be incompetency and tumultuous distressing cardiac action were the immediate symptoms calling for treatment in those that presented themselves. For this I prescribed half-dram doses of the tincture every four hours, with the very best results; all the patients returning with the symptoms ameliorated.

About eighteen months ago, when a near relative of mine was very ill with mitral disease and bronchitis, and I wanted a substitute for digitalis, I wrote to one of our professors of botany here, asking him if he could direct me to any work which would enlighten me as to the properties of this drug; but somehow my letter was never answered, and I have never had time to prosecute an original investigation for myself, even if the Vivisection Act had not stood in my way. Dr. Murrell may be quite sure, however, that in *viscum album* he will find a drug of no mean physiological power, and the profession an excellent substitute for digitalis.

**Treatment of Felons.**—Adinell Hewson offers some suggestions for the accurate diagnosis and successful treatment of felons. For diagnosis he makes of a flattened conical tube of binder's board with its base five by three and one half inches in diameter, so trimmed as to fit closely over brow, cheeks, and upper lip. The length is such as to bring the apex at about the distance of the range of distinct vision. The apex is an orifice one eighth by three sixteenths of an inch in diameter. The tube is made from a sheet of binder's board by dipping in warm water to soften it, then rolling it diagonally, and wrapping with cord to retain form until dry.

By means of this simple apparatus he examines the tissues by transmitted light. In the case of a suspected felon the patient's finger is brought to the point of the tube, which is held in the direction of a bright light, either natural or artificial, while the face is so applied at the base as to make it fit closely and exclude the light. During the examination Dr. Hewson finds it of advantage to have the patient practice forced, rapid respiration to produce an anesthetic effect. If the apex of the tube covers healthy tissues of the finger the characteristic bright pinkish-red color is readily perceived, while if the tissues are engorged the darker red tint, deepened in proportion to the intensity of the engorgement, will be equally characteristic, and will form a marked contrast to the color to be seen on examining the corresponding finger on the other hand. If the tint, though still reddish, be of a yellow hue pus has formed in the cellular tissue around or in the theca of the tendon. If by making firmer pressure, so as to cut off the lateral illumination through the tissues, the tint is found to be of a positive yellow, it is evident that there is suppuration in the theca of the tendon. Finally, if the tint so transmitted is of a dirty or opaque yellow the bone or periosteum is the seat of purulent formation and collection.

When such examination demonstrates that pus has not yet formed he has generally succeeded in aborting a felon by the application of a thick paste of wet clay, covered first with tissue paper and then with a thin layer of bandage stiffened by liquid glue painted in strips lengthwise on each side of the finger. The

object of applying the glue thus instead of covering the whole surface is to allow the drying of the clay, which would be prevented by coating the whole surface with glue.

Dr. Hewson's experience with such uses of clay has been very extensive, and he reports some very interesting and valuable results obtained by this agent. In this class of cases here considered he finds that as a rule the relief is very prompt, in which case the dressing is allowed to remain for several days. When the pain is not relieved in two or three hours after the application of the earth he removes it at once and makes a free incision, as he feels sure that nothing else will arrest the process.—*Coll. and Clin. Record.*

**Counter-irritation in Tuberculosis.**—This therapeutic measure, Prof. Peter (*Le Concours Med.*) thinks is not sufficiently relied upon, and he gives a series of directions on the subject: If the patient is still in fairly good health he may be cupped, or leeches may even be applied to the thorax over the points where signs of pulmonary congestion are perceptible. In those cases in which the patient is weak dry cupping, mustard plasters, or flying blisters may be prescribed, while the apices are painted with tincture of iodine. Croton oil, thapsia, antimoniated plasters, and Burgundy pitch should always be avoided, as they leave indelible stains. If the lesions are more deeply seated an oval blister should be made by Vienna caustic applied over the second or third intercostal space, one or two centimeters from the free edge of the sternum. When the patient does not object to its use a second may be applied before the previous one has healed, in order to keep up the counter-irritation. Lastly, a useful form of cauterization is that obtained by the use of a triangle of red-hot needles applied very superficially. This application should be repeated every five days beneath one or other clavicle, the needles numbering twenty to thirty.—*Med. and Surg. Reporter.*

**Strychnia in the Treatment of Myelitis.**—At the meeting of the American Neurological Association, in June last, an interesting discussion took place, partaken in by Drs. Jewell, Beard, Hammond, Grey, Seguin, and others on the treatment of myelitis. Dr. Jewell opened by stating that in several cases of advanced myelitis he had, after the failure of the usual treatment with bromides, ergot, etc., put the patient under the influence of strychnia in increasing doses, with the most favorable results. In one case the amount was increased to an almost toxic dose (one tenth of a grain), with advantage. With this apparently anomalous treatment he enforced rest, as nearly absolute as it could be made. Several of the other speakers expressed their surprise at this employment of strychnia as being contrary to their own experience, and not agreeing with the physiological therapeutics of the disease. In reply Dr. Jewell said that he did not claim to explain its action in these cases, but he could conceive that it perhaps gave a better tonicity to the spinal blood-vessels in certain cases. He should never give it while there were any febrile symptoms remaining; but he thought that after the disease had progressed to a certain extent, strychnia might then be tried, and if the acute stage had passed and there was no softening, then the stimulative action of strychnia would do good, if there was softening it could do no harm. He thought it might often be employed earlier in the disease than is commonly

deemed possible, and in stages where most physicians gave ergot and bromides to bring about contraction of the blood-vessels. He had used iodide of potash along with strychnia in some of his cases, but the improvement seemed to follow the use of the latter drug more than the former.—*Canada Lancet.*

**Iodoform in the Treatment of Diseases of the Skin.**—Mr. Frazer has obtained very favorable results from the use of iodoform in various diseases of the skin. It may be readily employed in the form of an ointment of any required strength, mixed either with lard or vaseline. The strength of the ointment made use of has ranged usually from ten to thirty grains of iodoform to the ounce of cerate, but double this quantity can be applied. It has proved a most useful remedy in healing local eczematous eruptions occurring in strumous children and young people, as well as in cases of impetigo. Mr. Frazer also directs attention to the properties it possesses in curing porrigo decalvans. The best results he has as yet attained have followed the application of vesicating collodion over the affected spot and for a short distance around it. Previous to this it is well to epilate all diseased hairs over the spot, and when the blister is healing the ointment of iodoform should be applied night and morning, or oftener; by this treatment the hair soon reappears in a healthy condition.—*British Medical Journal.*

**Injection of Apomorphia in Chronic Bronchitis.**—This method was tried last year in two cases, one twentieth of a grain of apomorphia being injected. This had the effect of producing efforts at vomiting, but nothing was thrown up. There were also great yawning and some perspiration. Sleep always came on within an hour of the administration, and this was natural to appearance, and there was no stertorous breathing. On awakening in the course of an hour or two the breathing seemed relieved, and there appeared to be less clogging of the air-tubes. On two occasions one twelfth of a grain was placed on the tongue. This caused no nausea or retching. I intend to try this method of treating chronic bronchitis and emphysema further during this winter, as it seems to be a powerful and useful remedy.—*Matthew Charteris, M.D., Prof. of Therapeutics, University of Glasgow, in London Lancet.*

**Artificial Hunyadi Janos Water.**—The natural Hunyadi Janos water was observed to be an efficient, safe, and agreeable purgative in many chronic cases. It is, however, found to be too expensive for hospital use, and it was resolved to try it artificially. At first it was made according to Liebig's analysis of the natural water, but this was perceived to be too weak, and it failed to produce purgative action. Ultimately it was made thrice the given strength, according to the following recipe: Sulphate of magnesia, 514.92 gr.; sulphate of soda, 519.54 gr.; sulphate of potash, 276 gr.; chloride of sodium, 39.15 gr.; bicarbonate of soda, 15.60 gr.; water, 16 oz. Dose, two ounces and upward. It will be observed that the chloride of calcium is omitted, but the proportion is so small that even when it was included there was no difference in the action. This inexpensive mixture, made for a penny per quart, can be effectually recommended. It will be found to possess every advantage attributed to the natural variety, the necessity for buying which seems to be done away with.—*Ibid.*



